

## DECLARATION FOR PATENT APPLICATION AND APPOINTMENT OF AGENT

Case: 10420RO

As a below-named Inventor, I hereby declare that:

My Residence, Post Office address and Citizenship are as stated below next to my name.

☒ I believe that I am the original, first and sole inventor☐ I believe I am an original, first and joint inventor

of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## MAPPING ARBITRARY SIGNALS INTO SONET

the Specification of which

☒ is attached hereto☐ was filed on \_\_\_\_\_ as U.S. Application or PCT International Application No. \_\_\_\_\_☐ and was amended on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified Specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the Examination of the Application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign Application(s) for Patent or Inventor's Certificate listed below and have also identified below any foreign Application for Patent or Inventor's Certificate having a filing date before that of the Application on which priority is claimed:

## PRIOR FOREIGN APPLICATION(S)

Priority  
Claimed

Number: \_\_\_\_\_ Country: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Number: \_\_\_\_\_ Country: \_\_\_\_\_ Date Filed: \_\_\_\_\_

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional Application(s) listed below.

Application Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Application Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_

I hereby claim the benefit under Title 35, United States Code, §120 of any United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States Application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the National or PCT International filing date of the Application.

Application Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Status: \_\_\_\_\_

Application Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Status: \_\_\_\_\_

Application Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Status: \_\_\_\_\_

I hereby appoint **Aprilia U. Diaconescu** c/o Nortel Networks Corporation, Intellectual Property Law Group, P.O. Box 3511, Station C, Ottawa, Ontario, Canada, K1Y 4H7, Registration No. 37,989 and telephone no. (613) 721-3009 as my Agent to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the Application or any Patent issued thereon.

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|--|--|-----------------------|
| Full Name of First or Sole Inventor:<br>Kim B. ROBERTS                     | Signature of First Inventor:<br><i>Kim B Roberts</i> | Date:<br>June 29 1999 |
| Residence Address:<br>10 Mission Inn Grove, Nepean, Ontario K2R 1C6 CANADA | Country of Citizenship:<br>CANADA                    |                       |
| Post Office Address:<br>same as above                                      |  |                       |
| Full Name of Second Inventor (if any):                                     | Signature of Second Inventor:                        | Date:                 |
| Residence Address:   | Country of Citizenship:                              |                       |
| Post Office Address:   |  |                       |
| Full Name of Third Inventor (if any):                                      | Signature of Third Inventor:                         | Date:                 |
| Residence Address:   | Country of Citizenship:                              |                       |
| Post Office Address:   |  |                       |

Signatures should conform to names as typewritten.

☒ Additional inventors on attached Page 2

Form NTP (0499)

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